

**SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES**  
**2000 PRIMARY AND GENERAL ELECTIONS**

*State of Nevada*

TED FULLER 11610 TRUSTEE \_\_\_\_\_  
Candidate's Name(print) Office District (if applicable)  
PO. BOX 9223 INCLINE VILLAGE NV 89452 (775) 831-3479  
Mailing Address (include city and zip code) Telephone Number

**REPORT NUMBER 2 - DUE OCTOBER 31, 2000**

Report Period Begins: August 24, 2000

Report Period Ends: October 25, 2000

**CONTRIBUTIONS SUMMARY**

1. From Report Number 1, total amount of contributions in excess of \$100	_____
2. From Report Number 1, total amount of contributions of \$100 or less	_____
3. Report Number 2, amount of contributions in excess of \$100	_____
4. Report Number 2, total amount of contributions of \$100 or less	_____
From Report Numbers 1 and 2, actual number of contributions of \$100 or less _____	
5. Interest and income earned, if any, during this report period	_____
6. <b>TOTAL AMOUNT OF ALL CONTRIBUTIONS</b> (add lines 1 through 5)	<u>0</u>

**EXPENSES SUMMARY**

7. From Report Number 1, total amount of expenses in excess of \$100	<u>51.80</u>
8. From Report Number 1, total amount of expenses of \$100 or less	<u>230</u>
9. Report Number 2, total amount of expenses in excess of \$100	_____
10. Report Number 2, total amount of expenses of \$100 or less	_____
11. <b>TOTAL AMOUNT OF ALL EXPENSES</b> (add lines 7 through 10)	_____

***If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.***

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10-29-00  
Date

T. Fuller  
Signature of Candidate

Ted Folger  
Candidate's Name (print)

Therapist  
Office

1K610  
District (if applicable)

### Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	100 <sup>02</sup>
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	405 <sup>02</sup>
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

TED FOLLER  
Candidate's Name (print)

Treasurer  
Office

10510  
District (if applicable)

## Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
US POSTAL SERVICE 10641104 6144942 89450	D	9-22-00	144 <sup>00</sup>
SE/MRA DISCOUNT YMER/PA PO Box 4216 10641104 89450	D	8-30-00	260 <sup>00</sup>

This page may be copied or duplicated if additional space is needed.

## CAMPAIGN EXPENSES

REPORT PERIOD Number 2

TEX FULLER  
Candidate's Name (print)

Trustee  
Office

1610  
District (if applicable)

### Expenses of \$100 or Less

[illegible][illegible]

*This page may be copied or duplicated if additional space is needed.*